2015 FEB -6 P 1: 34

FORMAL COMPLAINT FORM PUBLIC SERVICE COMMISSION Heber M. Wells State Office Building 160 East 300 South, Fourth Floor P.O. Box 45585 Salt Lake City, Utah 84114

1.	Name of Complainant; ivial ivicoaridless
	Address: 248 Fern Ave
	Telephone No.: (801) 897-6191
	If represented by counsel, list:
	Name:
	Address:
	Telephone No.:
2.	The utility being complained against is: Questar
3.	What did the utility do which you (the Complainant) think is illegal, unjust, or improper? Include exact dates, times, locations and persons involved, as closely as you can.
On Fr	iday, Jan. 30th, Questar failed to meet their obligations under section R746-200-7 to
reinst	ate servive "as soon as possible". Instead opting, without investigation, to file a 9 AM request
as an '	"After Hours Request", subjecting it to a \$100 fee.
4.	Why do you (the Complainant) think these activities are illegal, unjust or improper?
Accor	ding to the referenced subsection, Questar has an obligation to restore discontinued service
"as so	on as possible", Questar made no visible effort to meet this obligation.
5.	What relief does the Complainant request? Either, reimbursement of the associated fee or a demonstration
that Qu	testar personal were unvailable to provide service for the entirety of the business day on Jan. 30th, 2015.
6.	Signature of Complainant
	Date: 2 16 2015